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Ophthalmic Literature

VOL. III. JULY, 1913. NO. 7.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

TO ELIMINATE EXCESS LITERATURE.

The problem of the excess of medical literature may also be attacked at its source. Each writer can help in this direction. We know a bacteriologist who wrote a book on medical bacteriology, and then burned his manuscript. He has never expressed regret for either the writing or the burning. The writer who does not suppress more than he publishes will publish much that will do him little credit. The editor who does not return more manuscript than he accepts generally fails in a duty to his readers. But such failures are numerous and the demand for pseudo-scientific matter of any kind to float advertising pages is great.

Every plan to diminish the output of worthless medical literature is worth consideration and discussion. Our contemporary of the Index of Oto-Laryngology proposes a censorship of medical periodical literature through medical societies. He would have every respectable medical journal affiliated with some medical society, so that the author would have to present his paper to the society before he could get it published. The official board of censors of the society would have to be satisfied that it presented (a) original work, (b) old truths in a new form, or (c) a useful summary of previously scattered facts.

This suggestion at once excites inquiry as to how far medical societies have been able to raise the value of their transactions above the general average of medical literature. Some great medical organizations have achieved striking success in the field of journalism, notably the British and American Medical Associations. National special societies often maintain a high standard in their transactions. But there are a great many medical societies and indefinite possibilities of their multiplication. There is almost the same need of drawing a line between the sheep and the goats among medical organizations, as among medical journals. The old question comes back, "Who will censor the censors?"

Another recent proposal to lessen the volume of reading matter is to plan to stop the duplication of abstracts by medical journals. The suggestion is that abstracts should be prepared covering all important medical papers, and that these should be brought together in one publication that any medical journal could send out as a kind of supplement to its own pages of original matter.

Such suggestions, or others looking to the same end, could be tried in a limited department of medical literature, before it was at all possible to apply them to the whole field, and there is no special literature that is more favorably situated for improvement along such lines than the literature of ophthalmology. The number of journals in this field is not very great. The societies that discuss ophthalmic

science are fairly representative and influential. There is ample room for improving the quality and limiting the quantity of the literature in question. Let the readers of this literature come to some agreement as to the matter, and formulate appropriate demands; and editors and publishers of ophthalmic journals will respond. As a first step we can think about this subject and discuss it. Ophthalmic Literature will open its pages to such a discussion, provided each suggestion be made appropriately brief and definite.

BOOK NOTICES.

Sym, W. G. Edinburgh, DISEASES AND INJURIES OF THE EYE. Large 12 mo., 510 pages, 25 plates, mostly colored, and 87 illustrations in the text. London and New York, The Macmillan company. Price $2.50 net.

This is one of the "Edinburgh Medical Series." It aims to be "a useful clinical guide rather than to discuss obscure or disputed points." The needs of the student, school physician, and general practitioner have been kept in view. Nevertheless it will be of interest to every active ophthalmologist. Every book that represents careful study, of wide experience in, and original thought about our special branch of medicine, must be of interest to us. It has somewhat the same interest as a visit to the clinic of a colleague. This interest is not due to the encounter of rare cases, such as we have never seen before; nor to the promulgation of some new discovery, or striking theory. It attaches to his personal point of view and method of doing things. If we visit a master we will get most benefit out of his method of handling ordinary cases.

So in this book, although it undertakes to deal chiefly with the ordinary in Ophthalmology, this is treated from the individual point of view of William George Sym, the Edinburgh clinician, for years editor of the OPHTHALMIC REVIEW. It reflects his breadth of reading, and practical experience, and so interests every worker in ophthalmology who seeks to see his own daily problems from a new view point. Nor does the author, while teaching the student generally accepted views, hesitate to express his own opinions, when these differ from those of his colleagues. The ophthalmic surgeon of wide reading will welcome his arguments against the routine use of cycloplegics, his appreciation of retinoscopy, his criticism of the "lack of fusion sense" theory of the causation of squint, and his description of points in which he differs from the general practice in "cataract extraction," "the chief operation of ophthalmic surgery."

The general plan of the book starts with a chapter on examination of the eye, followed by one on refraction. Then diseases are taken up, beginning with those of the lids, and passing backward to the optic nerve, after which come glaucoma, the muscles, lacrimal apparatus, and orbit. The special chapter on the ophthalmoscope and ophthalmoscopy is placed between those on lens and vitreous, and is particularly happy in its plates, illustrating the use of the instrument. Other special chapters are devoted to injuries, medico-legal questions (a welcome innovation), operations, general diagnosis of ocular conditions, eye symptoms of disease elsewhere, nursing, therapeutic agents, and requirements for the public services. The numbers of the illustrations scarcely do justice to this department of the work, since of the 16 colored plates, 15 show each an average of 6 different conditions. Printing and proof-reading are up to modern standards. As a manual reflecting the present state of ophthalmic science and art, the book can be heartily recommended to student and general practitioner.

Adam, C. Berlin, OPHTHALMOSCOPIC DIAGNOSIS. Translated by M. L. Foster of New York. Large octavo, 249 pages, 48 plates, and 18 illustrations in the text. New York, Rebman Company, price $6.00.

The original edition of this work, published in German, has already been noticed (page 52); but its translation into English gives it a wider interest for English reading ophthalmologists. There are many atlases of ophthalmoscopy extant. Most of them represent the interest and enthusiasm of individual workers, such as Liebreich or Jaeger. Each author has tried to reproduce the rare and striking appearances of the ocular fundus that he has chanced to encounter. Often the real significance of the pictures presented has not been brought out. They constitute a valuable record for comparisons on the part of future original observers; but they afford no great help to the student in arranging his knowledge of ophthalmoscopic conditions; or to the general practitioner in seeking a guide to the significance of the fundus picture he has encountered. More recently a different class of work has sprung up, giving pictures of the ocular fundus, chosen for the purpose of assisting the student and practitioner to a mastery of what the ophthalmoscope reveals. To this latter class Adam's book belongs, and it well supports the claims of its title page of "typical pictures of the fundus of the eye, with special reference to the needs of general practitioners and students."

The scope and arrangement of the work may be gathered from the general headings under which its subject matter is grouped. First comes the technique of the examination with the ophthalmoscope, occupying fifteen pages. Then about the same space is devoted to the normal papilla and the normal fundus, an anatomic review. After this come: conus and staphyloma, atrophy of the optic nerve, neuritis, etc., vessels of the retina, after that the retina, and finally the choroid.

A common error with students of ophthalmoscopy is to place themselves for the direct examination in front of the patient, instead of fairly alongside on the side of the eye to be examined. Such an error too often receives encouragement instead of correction; and it is likely to be perpetuated by Dr. Adam's illustration on page 8 and the accompanying directions. It is especially difficult to use the lenses of the Loring opthalmoscope smoothly and efficiently, when the instrument is held in the right hand for the examination of the left eye as is represented in this figure. Most of the other figures in the text are diagrams intended to make clear the anatomical relations and bases of the appearances revealed. This they do admirably. But it is the colored plates, 86 in number, representing the different normal and abnormal appearances of the eye ground, that make the value of this book. These are of the highest quality, and are carefully selected to serve their educational purpose. There are few books that would effect an equal widening of the medical horizon by a careful study, or prove of greater permanent value for reference, to the general practitioner of medicine, than this presentation of a class of lesions that too often are "terra incognita" to the otherwise well-posted physician.

Bulletin de Travaux de la Fondotion Ophtalmologique Adolphe de Rothschild. 8vo, 226 pages, with plates and colored illustrations in the text. Paris: Mame.

From the magnificent Rothschild Clinic comes this appropriately elegant volume giving an account of work proceeding from it in 1911. The scientific portion consists of reproductions of papers that have previously appeared in some of the French ophthalmic journals.

Pichon, A., Paris. L'Ophtalmologie Indispensable au Praticien. Octavo, 448 pages, 107 illustrations. Paris: J. B. Baillière et fils.

This is a work intended for the general practitioner. It is written from the clinical standpoint, and arranged on the usual plan of grouping diseases by the ocular tissues affected.

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Greeff. Occurrence of Slit Pupils in Man. (Archiv für Augenheilkunde, LXXXIV, Page 1).

In the first patient, the pupil of the right eye was slit-shaped, its long axis having a vertical direction with the upper end inclined slightly towards the nasal side. The left pupil of the same patient was exactly vertical, and was displaced towards the temporal side. The

patient was probably the subject of hereditary syphilis, and the right cornea showed traces of an interstitial keratitis. In the second case the corneas were abnormally small, especially the right. The anterior chamber of the right eye was shallow. The pupil was oval, lying obliquely from above out to below in. The pupil reaction was good, and in a poor light the pupil was perfectly round. The left eye showed persistent pupillary membrane. In the third case, the pupil of the right eye was a vertical slit lying toward the outer side of the iris. The pupil of the left eye was also a vertical slit and displaced toward the temporal side, but was smaller than that of the right. At right angles with the left pupil and to its nasal side was a second, horizontal slit in the iris, which showed no reaction to light. The patient had alternating divergent strabismus. Other cases from the literature are reviewed and illustrated. In most instances, the pupils of such cases have been round or nearly so in the dark. Three explanations have been suggested for these deformities, viz., that they are due to posterior synechia; that the slit represents a double coloboma of the iris, and that the condition represents a form of atavism. The writer seems to favor the last-named view.

Knapp, P. Bilateral Macular Disease After Short Circuit. (Zeitschrift für Augenheilkunde, XXIX, page 440).

On the 7th of December, 1911, while handling the electric current, a man of 39 years was exposed to the flash of a short circuit at about 40 or 50 cm. from his face, in such fashion that he only saw the upper half of the flame, the lower part being shielded by an aluminum screen. He was completely dazzled for some time, and when vision returned he noticed a yellowish semi-oval spot before his eyes. The next day marked burning and lacrimation developed, from which he recovered in two days. Eight days after the injury metamorphopsia occurred, and on account of this symptom he came for advice on January 19, 1912. At this time cornea, lens and vitreous were normal. Visual acuity was R. and L. ½, unimproved by glasses. There was distinct metamorphopsia. The foveas could not be made out. In both eyes a little below the position of the fovea there was a peculiar chorioretinitic area, of equal size, shape and color in each eye. There was nothing pathologic in the rest of the fundus. The diseased areas were semi-oval with the straight side up (direct image), and their diameter was about three-quarter that of the disc. The color was a dirty bright red. Each diseased area contained three larger wreath-shaped collections of pigment and numerous minute pigment spots, between which were whitish and yellowish stipplings. In the visual fields a partial scotoma corresponded to the affected area. The peripheral fields were normal. Two months later the vision had almost returned to normal, but the patient was still troubled by a scintillation and some amount of metamorphopsia. After a two weeks' course of subconjunctival injections (sodium chlorid, 4 per cent; sodium iodid, 2 per cent) the vision had further improved and the scintillation and metamorphopsia had disappeared, although in reading the upper line was still less distinct than the lower. Twelve months after the original injury the diseased areas of the fundus were quite marked, although somewhat smaller and less distinct than at first. The retinal lesions evidently represented approximately an instantaneous photograph of the light image as perceived by the patient's eyes. Investigation indicated that the luminosity of the short circuit to which the patient had been exposed must have amounted to at least 150,000 candlepower. The excellent visual acuity retained by the patient was probably due to the fact that the diseased area lay entirely outside the fovea.

Belenky-Raskin, Z. Etiology of Phlyctenular Ophthalmia. (Zeitschrift für Augenheilkunde, XXIX, page 503).

As previous series of experiments have left in doubt the question whether all so-called phlyctenules are to be attributed to the existence of tuberculosis, or whether there may not be some cases which have nothing to do with that disease, one hundred consecutive cases of phlyctenular ophthalmia in the Berne University Eye Clinic were subjected to tuberculin tests according to the methods of Von Pirquet and Moro. The Von Pirquet test was made as recommended by Sahli: Six scarifications are made in the upper arm. One of these is inoculated with old tuberculin, the next four with diluted tuberculin in the strength of 1:10, 1:100, 1:1000 and 1:10000, while the last area is reserved as a control. When the Von Pirquet reaction proved negative, it was repeated a week later, the result of the second test being used for statistical comparison.

Of the hundred patients the Von Pirquet test was positive in 92 per cent and negative in 8. The Moro test was positive in 85 per cent and negative in 15. These figures bear out the reputation of the Von Pirquet test as the more reliable one. All the cases which were Moro-positive were also Von Pirquet-positive, whereas of the fifteen Moro-negative cases, seven were positive by Von Pirquet. All the Von Pirquet-positive cases reacted not only to concentrated tuberculin, but also to a dilution of 1:10. Fifty-one of the cases also reacted to a dilution of 1:100. The positive reaction became more frequent the greater the age of the patient. Of thirty-four cases under 5 years of age the Von Pirquet was positive in twenty-nine, or 85.3 per cent. Of twenty-seven patients between 5 and 10 years, twenty-five, or 92.6 per cent, were positive. Of thirty-six patients between the ages of 10 and 15 years, thirty-five, or 97.2 per cent, were positive. In the majority of the eight negative cases the family history and condition of the patient pointed almost conclusively to the presence of tuberculosis, so that the absence of a positive reaction could not be taken as ruling out a tubercular etiology for the eye condition. The author therefore insists on the importance of giving proper attention to the probable presence of tuberculosis in all phlyctenular cases.

As an attempt has been made to attribute phlyctenular ophthalmia to intestinal autointoxication on the basis of a demonstration of indicanuria, the urine of thirty children who were suffering from phlyctenule was tested for indican by the Jaffe method. They were all negative.

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